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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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VOL. XX, No. 40 OCTOBER 25, 1941 GUY P. JONES, Editor

HEALTH PROTECTION AND HEALTH GUIDANCE IN THE SCHOOL*

Children should have safe, sanitary facilities, and harmonious surroundings if they are to acquire the health habits, attitudes, and basic knowledge for facing the many problems of our complex society. As it is in all learning experiences, environment is a major factor in a functional school health program. Common sense, careful planning, and an ever alert consciousness of the influence of environment will accomplish much in providing the setting for healthful living in schools. A well-trained, enthusiastic staff whose responsibilities are defined can guide children in living and learning and can further help to protect their health and happiness.

Those who participated in the discussion of the topic, Health Protection and Health Guidance in the School, were: Ira V. Hiscock, Sc.D., Yale University, Conference Leader; Dr. Charles Bursch, California State Department of Education; Gertrude Huberty, M.D., Beverly Hills Unified School District; Sybil Richardson, Los Angeles County School Department; Jane Sedgwick, California State Department of Public Health; and from the Los Angeles City School Department—C. Morley Sellery, M.D. (panel leader); Verne Wilt, D.D.S.; Eunice Lamona, P.H.N.; Mrs. Ruth C. C. Fitzgerald; and Mrs. Mollie Silk.

Joint Planning and Action

There are many individuals and organizations who have some responsibility for and interest in the school child. It is important to avoid vested interests and watertight compartments, and to do much joint planning, including in our planning a wide range of interests so that consideration is given to the whole child and to the various groups directly or indirectly interested in school health. The official health and school departments and the voluntary health agencies, including medical and dental groups are looked to for leadership in the health education processes, but there is an amazing number of resources for material and for consultation purposes which can help in many situations.

There are different kinds of facts which are essential, many of which may be obtained from the health department. For example—What is a birth certificate? What is it used for? Where and how can you get it? are questions which the pupil should know something about. Schools should make use of public health facilities in studying what is done in the field of public health. School administrators and teachers should know public health resources. Utilization of the Junior Red Cross and of classes for instruction in the use of the radio and motion pictures should be considered. Emphasis should be given to the development and control of communicable diseases. The school should make use of the facilities of the department of public health in connection with the medical and dental programs and facilities for control of tuberculosis.

Schools should arrange to refer pupils who need treatment to private physicians and dentists, and where otherwise required to whatever facilities are organized by the department of public health or other community agencies, and limit treatment and services rendered within the school building. In some places the facilities are not available somewhere else and have to be provided. Caution is necessary in urging certain kinds of services which can not be delivered or for which provision has not been made.

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* A digest of one session of a conference on health instruction in the school curriculum, sponsored by the State Departments of Education and Public Health in cooperation with the University of California at Los Angeles, July 8 to 11, 1941.

In planning a school health program, many pertinent questions should be asked: Is the classroom teacher consulted in preparing exhibits or posters, or in selecting the material to be used so that all fit the situation in the curriculum? In planning some of the material, has the advice of the classroom teacher who is concerned with health instruction been sought? How have the schools and health departments worked out together various kinds of field trips? How much has been done with in-service training? What experiments have been worked out in a cooperative manner between health administrators and teachers in the development of other processes? Has consumer interest been considered sufficiently?

In joint planning, it is not necessary to have a large self-imposed body, but some committee or joint planning group is essential even in the smallest community. It is necessary to do the job in such a fashion that faith in each other will be developed as the job is done, and further that the people in the community will have faith in school and health department personnel and support the programs. The final test of course is the influence on actual behavior.

Environmental Factors—Sanitation and Safety

From the standpoint of environment there is much that school and public health workers can do together; as, for example; in providing better, more sanitary and safe housing. Safety, in so far as it is related to the question of the school plant housing and sites, divides itself into fundamental provisions. Safety is concerned with the structural safety of the building and safety elements, or lack of them, in the location of the building.

The inferiority of California school buildings which once prevailed in the State represented, in the cases of earthquakes, a great lack of safety. There are thousands of school children in California housed in egg-shell type buildings, unsafe, in so far as earthquakes are concerned. In different areas, buildings are being made safe after earthquakes. That problem of structural safety, the feeling of security in the building, is well handled in new buildings, but it remains a problem in existing buildings.

A law has been enacted whereby, except in school districts governed by a city board of education, the school may not purchase a new site without first having the proposed purchase reviewed by the general community planning group having jurisdiction in the community and by the State Department of Education, Division of Schoolhouse Planning. This law requires each of these groups to examine the land and give the board in writing a report from the standpoint of safety and value. If either one of the groups, local or State Division of Schoolhouse Planning, gives a negative report, the board can not act for a period of 30 days. It is presumed that in that time those in the community who do not approve the site will use these reports and that some other piece of property will be purchased.

In the city school districts, in cooperation with the planning commission, it is presumed that a satisfactory relationship exists. If school engineers are used and their advice followed, the general conditions of safety in maintaining and operating a building could be greatly improved.

It is not possible to have complete and ideal safety from traffic hazards but all sorts of devices are used to decrease the hazards for children getting to and from school. As city housing is improved in arrangement and location, and if the school and health authorities are on the job, this question of insecurity because of traffic hazards will be taken care of in a satisfactory manner. In the meantime, we have to provide extra personnel to give children a minimum of safety.

In regard to sanitation, there are numbers of things in our public schools which ought to be done. School boards in America will not be parsimonious, as a rule, in providing things needed. The idea that schools should not provide better plumbing facilities than pupils have at home is questionable from a public education point of view. Progress is made on dissatisfaction. It is believed that it is possible to give children better facilities than they use in their homes and still not break friendly relations between children and parents.

There is a need of proper sanitary facilities, including health service rooms in schools, and also, instruction in the proper use of such facilities. There should be active cooperation between school and health authorities with some information and determination to get the best possible facilities which can be provided.

Panel: The Role of the Staff in Health Guidance

Introduction. We no longer think of health as being merely physical, but in much broader terms—mental, social, emotional and spiritual. All phases of health must be considered in thinking of the problem of the whole child.

A school health program has to do with adequate health habit formation; with the development of proper health attitudes, comprehensive and scientific health knowledge, robust physical development, and special classes and educational facilities for the handicapped.

Classroom Teacher. The teacher in making her contribution to the school health program is constantly with the child during his full school day. She is in a position to observe whether the child is functioning properly, or is deviating from the normal; has a runny nose or rash, or should be sent to the school nurse. It is the teacher who is conscious of the health needs of the child during the entire day rather than just in the morning. Inspection at 9 o'clock in the morning does not mean that the child eats with clean hands during lunch or keeps himself clean throughout the day. Fatigue will not show in the early morning and it is necessary that the teacher observe such things throughout the day. The teacher is in a position to observe the child at work and at play and help him to form proper health habits. She can discover whether he is overfatigued or stimulated, and why. She, too, can discuss these observations with the parents and in that way assist in the school program. Without the cooperation of the classroom teacher, many needs of the child would not be brought to the attention of the nurse and physician.

School Physician. The school physician has definite functions. They do not take the place of a private physician but supplement what is done in private consultation. In addition, the work of the school physician has a definite educational purpose. Unless ample time is allowed in health examinations to talk to the individual child, unless an opportunity to discuss that child's health problems with the parents, the nurse, the teacher (especially with young children), unless the records are cumulative and used, there is no point in doing these examinations. There is no time at which the child is more receptive to health education than when he stands before a school physician and is informed what is being done for him and why. Suggestions regarding nutrition and personal health then take root.

As for a difference of opinion between the school physician and the family physician there are few if any situations which can not be successfully ironed out by discussion between the two.

School Dentist. There has been a definite need shown for the dentist on the school staff. Most school children have dental difficulties. The average family dentist is not particularly interested in the school child unless he has taken some work in children's dentistry.

The dentist's function in the school should be more in the nature of a dental supervisor and not of a dental inspector, as the State law indicates. There is a general lack of information regarding the teeth. An effort is made to educate children away from fear of the dentist and to educate all individuals that the cost of dental care is not exorbitant. There has to be cooperation and understanding if parents are to do their part—and parents should do their part. In the average school area, dental inspection, probably, is an important teaching device, although it is a waste of time in an area where the children are all poor and all have defects. Many parents would do more if a home notification program were carried out in the schools where children come from more financially secure homes. The dentist needs all fundamental dental knowledge, but he also should have a public health background.

School Nurse. The chief functions of the school nurse are found in health education and health coordination. She is in the school so much more frequently than the doctor or dentist that she has an opportunity to bring about cooperation between school personnel. Each contact with an individual or a group should be considered an opportunity for health education.

The school nurse is in a position to awaken an interest in and to make teachers feel the need for health guidance. To stimulate this interest, the nurse may select one aspect of health each school month and emphasize that topic for faculty and children. Early morning and early afternoon inspection as a matter of routine may be helpful. In some schools a health officer has been appointed in each room, changing each week.

The nurse has unexcelled opportunities to bring about close cooperation between home and school. Mothers of incoming kindergarten and first grade pupils acquainted with school programs and health procedures develop an interest in child guidance and child health. The life of the child at home plays an important role in his life at school. Mothers who come to school to visit nurse and other health staff members are more willing to cooperate.

Nutritionist. One way the nutritionist can function effectively is through in-service training courses for teachers and public health workers. Such courses make available factual information in nutrition that can be used by the nurse in her home visit and by the teacher in the classroom. The nutritionist by acting as a consultant also can assist administrators in planning the cafeteria program. There are many aspects of school lunchroom facilities and the operation of the school lunch program that should be planned in cooperation with a nutritionist.

(Continued in next issue)

MORBIDITY

Complete Reports for Following Diseases for Week Ending October 18, 1941

Chickenpox

353 cases from the following counties: Alameda 97, Butte 1, Contra Costa 3, Fresno 14, Kern 8, Kings 1, Los Angeles 51, Orange 2, Plumas 3, Riverside 15, Sacramento 9, San Diego 12, San Francisco 13, San Joaquin 53, San Luis Obispo 11, San Mateo 3, Santa Barbara 20, Santa Clara 4, Santa Cruz 2, Solano 1, Sonoma 7, Stanislaus 17, Ventura 3, Yolo 3.

German Measles

62 cases from the following counties: Alameda 11, Contra Costa 1, Fresno 2, Los Angeles 12, Monterey 1, San Diego 9, San Francisco 13, San Joaquin 3, San Luis Obispo 2, Santa Barbara 4, Shasta 2, Ventura 1, Yolo 1.

Measles

124 cases from the following counties: Alameda 6, Contra Costa 2, Fresno 1, Kern 13, Lassen 11, Los Angeles 20, Mendocino 2, Monterey 20, Riverside 1, San Benito 1, San Diego 2, San Francisco 1, San Joaquin 10, San Luis Obispo 2, Santa Clara 4, Santa Cruz 1, Sonoma 19, Stanislaus 2, Ventura 5, Yuba 1.

Mumps

512 cases from the following counties: Alameda 35, Contra Costa 6, Eldorado 7, Fresno 9, Kern 13, Kings 1, Lassen 7, Los Angeles 133, Madera 1, Monterey 1, Orange 28, Riverside 12, Sacramento 13, San Bernardino 12, San Diego 49, San Francisco 19, San Joaquin 88, San Luis Obispo 9, San Mateo 11, Santa Barbara 8, Santa Clara 13, Santa Cruz 3, Shasta 15, Sonoma 4, Stanislaus 1, Sutter 1, Ventura 13.

Scarlet Fever

100 cases from the following counties: Alameda 2, Contra Costa 1, Fresno 5, Humboldt 1, Kern 11, Los Angeles 34, Marin 1, Merced 2, Orange 1, Riverside 10, Sacramento 4, San Bernardino 3, San Diego 3, San Francisco 8, San Joaquin 3, San Luis Obispo 2, San Mateo 2, Solano 1, Sonoma 3, Tehama 2, Yuba 1.

Whooping Cough

196 cases from the following counties: Alameda 22, Fresno 7, Kern 6, Los Angeles 81, Orange 8, Riverside 2, San Bernardino 1, San Diego 28, San Francisco 6, San Joaquin 5, San Luis Obispo 1, Santa Barbara 8, Santa Clara 2, Santa Cruz 4, Solano 1, Sonoma 1, Sutter 1, Tulare 1, Ventura 5, Yuba 6.

Diphtheria

18 cases from the following counties: Alameda 1, Los Angeles 10, Orange 1, Sacramento 2, San Bernardino 2, San Joaquin 1, San Luis Obispo 1.

Dysentery (Bacillary)

9 cases from the following counties: Los Angeles 8, San Luis Obispo 1.

Encephalitis (Epidemic)

2 cases from Tulare County (Woodlake rural 1, Tulare 1).

Food poisoning

2 cases from San Diego County.

Malaria

5 cases from the following counties: Fresno 1, Riverside 1, Sacramento 1, Yolo 1, Yuba 1.

Meningitis (Epidemic)

One case from San Joaquin County.

Paratyphoid Fever

2 cases from the following counties: Los Angeles 1, San Luis Obispo 1.

Poliomyelitis

6 cases: Contra Costa County 1 (El Cerrito); Riverside County 2 (Blythe rural 1, Blythe 1): San Benito County 1 (Hollister); San Bernardino County 1 (San Bernardino); Shasta County 1 (Anderson).

Rabies (Animal)

10 cases from the following counties: Imperial 2, Los Angeles 3, San Diego 1, Santa Clara 4.

Tetanus

One case from Imperial County.

Trichinosis

5 cases from the following counties: Alameda 3, Napa 1, San Francisco 1.

Typhoid Fever

3 cases: Santa Barbara County 1, California 2.*

Typhus Fever

One case from Los Angeles County.

Undulant Fever

6 cases from the following counties: Kern 1, Los Angeles 1, Marin 1, Orange 1, San Diego 1, Stanislaus 1.

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

ON-SALE INSPECTIONS

Out of 250 inspections by the Bureau of Food and Drug Inspection of establishments serving alcoholic liquors for consumption on the premises only 3 per cent were found to deviate from the requirements of the law. All of these inspections were in the Southern California area. Products involved were chiefly Scotch whiskey and Cognac.

PSITTACOSIS CONTROL

During the month of September, 1941, shipments of 2,861 shell parrakeets to other States were authorized in issuing 295 interstate certificates. Also certificates for 200 larger psittacine birds were issued. There were 77 aviary inspections. All of the laboratory tests of parrakeets in the aviary survey have been completed. Birds from 137 aviaries were tested with seven aviaries proven infected with psittacosis.

DECEPTIVE PACKAGING

A campaign to enforce the provisions of the Food Act prohibiting deceptively packed or slack-filled containers was continued. The investigation covered noodles, cookies, potato chips, crackers and popcorn. A firm packaging so-called butter products was investigated for the reason that there was only one-quarter pound of butter to one hundred pounds of mix. It could, therefore, be considered only as a "butter-flavored" product.

An Oriental packer of water chestnuts, originally imported from China in cans, was found selling decidedly slacked-filled packages of the product. The containers held but 36 per cent of chestnuts, with the balance brine.

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